

County: Outagamie
 RENNES HEALTH CENTER - APPLETON
 325 EAST FLORIDA AVENUE
 APPLETON 54911 Phone:(920) 731-7310
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/02): 58
 Total Licensed Bed Capacity (12/31/02): 58
 Number of Residents on 12/31/02: 53

Facility ID: 7850

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Ownership:
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 57

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		24.5
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		62.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		13.2
Day Services	No	Mental Illness (Org./Psy)	41.5	65 - 74	7.5			-----
Respite Care	No	Mental Illness (Other)	1.9	75 - 84	28.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	18.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.9		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	22.6		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	3.8	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	7.5		-----	RNs		20.3
Referral Service	No	Diabetes	3.8	Sex	%	LPNs		3.1
Other Services	No	Respiratory	3.8	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	13.2	Male	17.0	Aides, & Orderlies		
Mentally Ill	No		-----	Female	83.0			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All
	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	3	100.0	212	14	100.0	116	0	0.0	0	36	100.0	165	0	0.0	0	0	0.0	0	53	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		14	100.0		0	0.0		36	100.0		0	0.0		0	0.0		53	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

Percent Admissions from:		Activities of		% Needing		% Totally		Total	
		Daily Living (ADL)		Assistance of		Dependent		Number of	
Private Home/No Home Health 3.8		Independent		One Or Two Staff				Residents	
Private Home/With Home Health 7.7		Bathing 5.7		86.8		7.5		53	
Other Nursing Homes 19.2		Dressing 1.9		90.6		7.5		53	
Acute Care Hospitals 42.3		Transferring 20.8		67.9		11.3		53	
Psych. Hosp.-MR/DD Facilities 0.0		Toilet Use 11.3		79.2		9.4		53	
Rehabilitation Hospitals 0.0		Eating 60.4		30.2		9.4		53	
Other Locations 26.9		*****							
Total Number of Admissions 26		Continence		% Special Treatments				%	
Percent Discharges To:		Indwelling Or External Catheter		3.8		Receiving Respiratory Care		15.1	
Private Home/No Home Health 3.2		Occ/Freq. Incontinent of Bladder		67.9		Receiving Tracheostomy Care		0.0	
Private Home/With Home Health 0.0		Occ/Freq. Incontinent of Bowel		45.3		Receiving Suctioning		0.0	
Other Nursing Homes 3.2						Receiving Ostomy Care		5.7	
Acute Care Hospitals 0.0		Mobility				Receiving Tube Feeding		3.8	
Psych. Hosp.-MR/DD Facilities 0.0		Physically Restrained		0.0		Receiving Mechanically Altered Diets		24.5	
Rehabilitation Hospitals 0.0									
Other Locations 19.4		Skin Care				Other Resident Characteristics			
Deaths 74.2		With Pressure Sores		5.7		Have Advance Directives		100.0	
Total Number of Discharges		With Rashes		0.0		Medications			
(Including Deaths) 31						Receiving Psychoactive Drugs		66.0	

 Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		This Facility	Ownership: Proprietary		Bed Size: 50-99		Licensure: Skilled		All Facilities
		%	%	Ratio	%	Ratio	%	Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		98.3	84.7	1.16	87.1	1.13	85.3	1.15	85.1 1.15
Current Residents from In-County		83.0	81.6	1.02	81.5	1.02	81.5	1.02	76.6 1.08
Admissions from In-County, Still Residing		50.0	17.8	2.82	20.0	2.50	20.4	2.45	20.3 2.46
Admissions/Average Daily Census		45.6	184.4	0.25	152.3	0.30	146.1	0.31	133.4 0.34
Discharges/Average Daily Census		54.4	183.9	0.30	153.5	0.35	147.5	0.37	135.3 0.40
Discharges To Private Residence/Average Daily Census		1.8	84.7	0.02	67.5	0.03	63.3	0.03	56.6 0.03
Residents Receiving Skilled Care		100	93.2	1.07	93.1	1.07	92.4	1.08	86.3 1.16
Residents Aged 65 and Older		100	92.7	1.08	95.1	1.05	92.0	1.09	87.7 1.14
Title 19 (Medicaid) Funded Residents		26.4	62.8	0.42	58.7	0.45	63.6	0.42	67.5 0.39
Private Pay Funded Residents		67.9	21.6	3.15	30.0	2.26	24.0	2.83	21.0 3.23
Developmentally Disabled Residents		0.0	0.8	0.00	0.9	0.00	1.2	0.00	7.1 0.00
Mentally Ill Residents		43.4	29.3	1.48	33.0	1.31	36.2	1.20	33.3 1.30
General Medical Service Residents		13.2	24.7	0.53	23.2	0.57	22.5	0.59	20.5 0.64
Impaired ADL (Mean)		44.5	48.5	0.92	47.7	0.93	49.3	0.90	49.3 0.90
Psychological Problems		66.0	52.3	1.26	54.9	1.20	54.7	1.21	54.0 1.22
Nursing Care Required (Mean)		6.8	6.8	1.01	6.2	1.10	6.7	1.01	7.2 0.95